

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K80251

1. Entity Name

VENTURE ASSOCIATES INSURANCE CORPORATION

Principal Place of Business  
SIMMONS, HART AND SHEENE  
OCALA FL 34871  
US

Mailing Address  
5000 N US HWY 27  
OCALA FL 34482  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-2942316

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HART & GRAY  
125 NE 1ST AVE  
STE 1  
OCALA FL 32670

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PDST  
NAME PEARSALL, RICHARD L. ☐ Delete  
STREET ADDRESS 5000 N US HWY 27  
CITY-ST-ZIP Ocala FL 34482

TITLE VPD  
NAME ECKMAN, KENNETH A. ☐ Delete  
STREET ADDRESS 5000 N US HWY 27  
CITY-ST-ZIP Ocala FL 34482

TITLE EVD  
NAME TAIT, ARTHUR F., JR. ☐ Delete  
STREET ADDRESS 5000 N US HWY 27  
CITY-ST-ZIP Ocala FL 34482

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE CHAIRMAN, DIRECTOR, ASST. SECRETARY, TREASURER  
NAME PEARSALL, RICHARD L. ☐ Change ☐ Addition  
STREET ADDRESS 5000 N US HIGHWAY 27  
CITY-ST-ZIP Ocala FL 34482

TITLE VICE PRESIDENT, DIRECTOR, SECRETARY  
NAME ECKMAN, KENNETH A. ☐ Change ☐ Addition  
STREET ADDRESS 5000 N US HIGHWAY 27  
CITY-ST-ZIP Ocala FL 34482

TITLE PRESIDENT  
NAME TAIT, ARTHUR F., JR. ☐ Change ☐ Addition  
STREET ADDRESS 5000 N US HIGHWAY 27  
CITY-ST-ZIP Ocala FL 34482

TITLE DIRECTOR  
NAME ECKMAN, PETER H. ☐ Change ☐ Addition  
STREET ADDRESS 5000 N US HIGHWAY 27  
CITY-ST-ZIP Ocala FL 34482

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

ARTHUR F. TAIT, JR. - PRESIDENT

3/30/01

(352) 732-5450

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0522846

CR2E034 (10/00)

FILED  
Apr 02, 2001 8:00 am  
Secretary of State

04-02-2001 90085 017 \*\*\*150.00



DO NOT WRITE IN THIS SPACE